

A warm, close-up photograph of people at a wooden table. In the foreground, a hand holds a glass of dark beer with a thick white head. To the left, another glass of beer sits on the table. In the background, a person in a red sweater and another in a grey jacket are visible, creating a social, pub-like atmosphere.

drinkaware

Our strategy

2017-2022

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Introduction from the Chair

Drinkaware has come a long way since its inception in 2007.

While broadening our funding base and deepening our commitment to partnership, we have strengthened our independence and governance to ensure that our Board of Trustees alone is responsible for our direction and our work. We have invested also in enhancing the scale and professionalism of our research and evaluation capability, which the Board believes is a critically important part of our work, and have been supported throughout by our independent Medical Advisory Panel.

While the Board is pleased by this progress, and by the increasing recognition of Drinkaware as an effective and independent organisation, we are conscious also of the scale of the challenge that remains, of the very considerable harms to which alcohol continues to give rise both for individuals drinking to excess and for society more widely, and of the fast changing nature of the society in which we work. That is why the Board took the decision last year that we needed to think through and set out clearly our goals, values and objectives for the years up to the end of this decade and beyond. We believe that doing so will help our employees, funders, partners and government to understand better what we are seeking to achieve, and how we may both seek help from and give help to others in pursuing our objectives.

Our strategy will remain a living document, and we will change it in the years ahead if that is desirable and necessary, but we hope that it will enable everyone, both inside and outside of Drinkaware, to better understand who we are and what we are aiming to achieve.

Sir Leigh Lewis

Chair of Trustees



Introduction from the CEO

Drinkaware's world continues to change. In preparation for developing our five year strategy, we have undertaken a wide-ranging review of the external environment in which Drinkaware operates; spent time learning from where we are now; and thought hard about the unique role that Drinkaware plays to address the complex issue of reducing harm from alcohol. I am deeply grateful to my team for this.

The purpose of this document is to set out the overall direction of travel for the organisation over the next five years. We have made considerable progress since, in 2014, we set out a strategy of focusing on three pillars – tackling under-age drinking; reducing the harm of drunken nights out, and equipping people to moderate their drinking. This strategy has provided clarity for our funders, partners and supporters, and has been transformative for the organisation.

In evolving this, we have taken into account how quickly attitudes towards and behaviours around alcohol are changing in the UK, and the sustained impact of a generation of younger adults who now drink significantly less than the generation before them. People are seeking information and advice in new ways; and interest in alcohol continues to be of growing interest to consumers who are concerned about their health and wellbeing. In this context, Drinkaware is uniquely placed to make a difference. We are digitally-led, innovative, we have a growing number of partners who are able to amplify and reinforce our messages, and we have a well-recognised and trustworthy brand in terms of providing alcohol information and advice.

We are also fortunate in having a dedicated, hard-working team and an expert body of advisers on hand to help us navigate an exciting future ahead. I thank all of you for your commitment to Drinkaware and this important endeavour.

Elaine Hindal

Chief Executive



Recent trends

The UK alcohol market is a mature market but a dynamic one. As measured by duty and tax receipts, alcohol sales in England and Wales have increased by 42% from roughly 400m litres in the early 1980s, to a peak of 567m litres in 2008 but declining significantly since then (PHE, December 2016). As consumption has declined in recent years, levels of abstinence have also increased; estimates of the proportion of the population who are non-drinkers vary from 11 – 17%¹. Levels of under-age drinking have changed most dramatically in the past ten years; only 8% of 11-15 year olds now say that they have drunk alcohol in the last week, the lowest level for more than a decade². Amongst adults, drinking habits are also changing, with most alcohol now bought from shops and consumed at home³.

Levels of alcohol-related harm tend to lag changing consumption habits. Since 2003/04, alcohol-related hospital admissions have been steadily increasing, accounting for over 1 million admissions in 2014/15⁴; approximately half of all hospital admissions occur in the three lowest socio-economic groups who are disproportionately represented in admissions for alcoholic liver disease, mental and behavioural disorders due to alcohol use, unintentional injuries and alcohol-related complications in pregnancy and childbirth.

Rates of alcohol-related mortality are falling; after a peak in the 2000s but, despite improvements in the last decade (particularly in Scotland), alcohol-related death rates were still higher in 2014 than in 1994⁵. The rate of alcohol-related mortality for men remains double the rate for women in the UK; and significant regional variations persist with rates highest in the North East and lowest in London.

In the light of these trends, attention is beginning to shift from under-age drinking and 'binge' drinking amongst younger adults, towards middle-aged populations at risk from the longer-term health impacts of excessive alcohol use, particularly where drinking above low risk guidelines coincides with other risk factors. Evidence from the Health Survey for England (2016) suggests that amongst people aged 40 - 60, 33% of men and 18% of women are drinking above the Low Risk Guidelines; the health impacts of this are compounded by the fact that 28% of adults in this age group are also inactive and 69% are overweight or obese.⁶

Consequently, Drinkaware's consumer focus is shifting towards older adults (Drinkaware's Have a Little Less campaign is a reflection of this) with a greater emphasis on presenting alcohol information in the context of other lifestyle considerations. There is encouraging evidence from the Drinkaware Monitor⁷ pointing to changing attitudes towards alcohol with one in five UK drinkers saying that they are currently cutting down (9%), or thinking about it (11%), yet the majority of these people appear to be doing so without getting any support or guidance. Among those trying to reduce their drinking now, 56% are not looking for help and appear to be relying solely on willpower to achieve their goal; by contrast, only one in seven (14%) are talking to their GP or nurse about it; only one in ten (10%) are seeking help and support from those close to them and just five per cent have joined a support group.

There is also increasing consumer interest, particularly amongst adults under 34, in low and no-alcohol versions of popular drinks; Kantar estimate that the UK market for low/no alcohol drinks has grown by 19% in 2016, and Drinkaware Monitor data suggest that 50% of Risky Social and Coping Drinkers* are open to trying these drinks.⁸

*See 'Understanding our Audiences' (p.8)



Working with Government and partners

As the UK's leading independent charity for alcohol information and advice, Drinkaware is a key participant in the UK Government's efforts to reduce the harms and costs of alcohol; as well as working with the devolved administrations and Governments of Scotland, Wales and Northern Ireland, we work closely with the Home Office, the Department of Health and other UK government departments.

Drinkaware is recognised as a partner to the UK Government in the Modern Crime Prevention Strategy and is committed to supporting the second phase of Local Alcohol Action Areas, announced in 2017, which are a central plank of the Strategy. In addition, we continue to work closely with the Department of Health and the UK Chief Medical Officers on the continued dissemination of the CMOs Low Risk Drinking Guidelines which were revised in 2016.

During the life of our strategy for 2017 – 2022, local and regional efforts to reduce alcohol harm are likely to be impacted by the implementation of the Sustainability and Transformation Plans in England and Wales and by changes to alcohol strategies in the devolved nations. Most notably, this may include the introduction of minimum unit pricing in Scotland, and other regulatory changes designed to incentivise or facilitate behaviour change on the part of UK consumers.

We anticipate that the Department of Health's current focus on childhood obesity and health inequalities will continue to dominate public health. It is therefore important that Drinkaware continues to highlight the well-evidenced links between heavy drinking and obesity⁹, and that our digital information becomes an increasingly important asset for consumers wishing to learn more about nutritional information. Equally, as social media continues to become more widely adopted by all socio-economic groups, we have new opportunities to extend the reach and influence of our campaigns to people most at risk of alcohol harm.



In addition, the Department for Work and Pensions has recently reviewed evidence on the impact of alcohol on employment and productivity (as set out in the Independent Review into the impact on employment outcomes of drug or alcohol addiction, and obesity, December 2016). The review noted that "Employers are clear that alcohol (and drugs problems) cost them money" and made reference to a survey which found that four out of ten employers saw alcohol as a significant driver of lost productivity through absenteeism, and a third of respondents reported similar concerns for drugs.¹⁰ This is supported by evidence from the Drinkaware Monitor which found that high-risk drinkers were more than three times as likely as low-risk / non-risk drinkers to say that they had ever missed a day of work due to drinking alcohol in the last year, and were twice as likely as increasing risk drinkers to say that this had happened at least monthly.¹¹

Over the life of this strategy, we anticipate increasing interest from Government and employers in the impact of alcohol on productivity and on workplace health and wellbeing; and we expect our partnership with the Ministry of Defence, in place until 2018, to reach more than 20,000 MoD employees through an adaptation of Drinkaware's Have a Little Less campaign.

In respect of our partners and donors more widely, we recognise that they are likely to be impacted by continued uncertainty surrounding Brexit and by wider economic challenges over the life of this strategy. In addition, the commercial impact of regulatory changes (most notably, increases in the National Living Wage, the Apprenticeship Levy and changes to business rates) mean that donations are likely to be subject to even greater scrutiny in the coming years.



Drinkaware Vision, Mission and Values

Drinkaware's vision, mission and values were adopted by its Board in 2014. We envisage that they will continue throughout the life of this strategy.

Vision

We are here to reduce alcohol-related harm by helping people make better choices about their drinking.

Mission

We will achieve this by:

- providing impartial, evidence-based information, advice and practical resources
- raising awareness of alcohol and its harms, and
- working collaboratively with partners.

Values

Drinkaware values guide our behaviour and shape everything we do. Our values are:

- **Driven to make a difference:** We seek ways to maximise our impact and are committed to making information, advice and resources relevant and accessible to our audiences.
- **Led by the evidence:** We are informed by expert guidance and critically engage with, and make decisions supported by, evidence.
- **Resourceful:** We seek to find more effective ways of doing things; set and report upon targets; and ensure Drinkaware delivers value for money to make our resources go further.
- **Working positively with others:** We work with stakeholders to maximise impact; and take stakeholders' perspectives into account.

Our recent achievements

Since 2009 Drinkaware has seen a very large and continuing increase in the reach of its website; with 9.3m unique visitors in 2016, our web traffic has quadrupled since 2010 and almost doubled since 2012.

In 2016, more than 1 in 10 UK adults accessed our web information and advice. In key cities such as Manchester and Newcastle, this increased to more than 1 in 5.

Drinkaware has since 2013:

Provided NHS and other front-line services with:

1.6 million

Drinkaware unit and calorie calculators

over 800,000

Drinkaware measuring cups

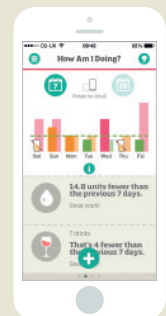
300,000

Drinkaware advice booklets for parents and children.

More than

300,000

people have downloaded the **Drinkaware app** to support efforts to moderate their drinking.



Launched Drinkaware for Education, a free resource for teachers in primary and secondary schools



Created **Drinkaware Crew**, a programme to train and equip staff to support and protect participants in the night-time economy, which is now in **17 local areas**. Over the life of this Strategy, we anticipate significant expansion of Drinkaware Crew in venues in the night-time economy, festivals and sports events.



Survey evidence shows that some 70% of adults aged 18 – 65 years have heard of Drinkaware; this far exceeds the level of recognition of any other alcohol-education charity and confirms Drinkaware as by far the leading source of information about alcohol in the UK.

Our value is also increasingly recognised by the UK alcohol industry; the number of organisations funding Drinkaware has increased from 60 in 2014 to more than 100 today.

Understanding our audiences

Our strategy is founded upon an in-depth understanding of our audiences, stemming from the Drinkaware Monitor and other research evidence, and in 2017 we will add to our understanding of audience segments to provide an even stronger basis for the following five years. This evidence has identified two segments of particular concern in the UK adult population, identified by drinking at levels significantly above low risk guidelines: we have termed them *Risky Career Drinkers* and *Risky Social and Coping Drinkers*.



Risky Career Drinkers

Risky Career Drinkers are typically over 35 and drink frequently. This segment has been the main target of Drinkaware strategic campaign development in 2016 / 17; this has primarily been focused on a sub-segment of men aged 45 – 65, who represent a significant proportion of Risky Career Drinkers and are disproportionately affected by alcohol-related health harms. This group has children who have left home; they are most likely to drink at home and usually drink on their own.

A secondary audience of women aged 35-65 has also been identified as a target group, both to address their own drinking and also to engage them as influencers for men in this age group.



Risky Social and Coping Drinkers

Risky Social and Coping Drinkers are typically under 35 (although one-third are over 45); they drink less frequently than Risky Career Drinkers but their use of alcohol to cope with stress and anxiety is a defining feature of this segment, with links to issues of mental health and emotional wellbeing. This group is more likely to 'binge' drink than are Risky Career Drinkers.

Drinkaware has already invested considerable resources in targeting a sub-segment of this audience. Our Wouldn't Shouldn't campaign and the Drinkaware Crew programme were developed to reach younger adults who drink intentionally to get drunk. There are however significant opportunities for Drinkaware to support wider alcohol-harm reduction strategies within the wider population of Risky Social and Coping Drinkers, specifically older drinkers



Desired social impact

The desired outcome of our work over the life of this strategy is that the number of people drinking at hazardous and harmful levels is reduced; and that, consequently, we see fewer Risky Career Drinkers and Risky Social and Coping Drinkers in the UK adult population over time.

This represents a significant shift for Drinkaware and will require us to focus on reducing the number of people who drink in risky ways; on developing new partnerships in the health and wellbeing sector; and on creating new products to support alcohol-reduction as part of a healthier lifestyle. We have, as part of our strategy, set a number of specific goals and we set out below the social impact we would like to see, recognising that Drinkaware cannot achieve this alone. Further information on our approach to setting goals is given in Appendix C.

Information and Advice



Our goal is to extend the reach of the Drinkaware website, our resources and online/app tools from 11.5m individual engagements (through websites, social media, use of Drinkaware products and other resources) in 2017 to 15m engagements by 2022; and to demonstrate the impact of providing trusted and accessible information and advice in supporting behaviour change.

Risky Career Drinkers



Our goal is to reduce the number of Risky Career Drinkers who currently make up 20% of the UK adult population. This ambition will require us to develop a deeper understanding of people drinking at increasing and higher risk levels, and, over time, to expand the scope of our mid-life men campaign to reach a broader at-risk audience including women.

Risky Social and Coping Drinkers

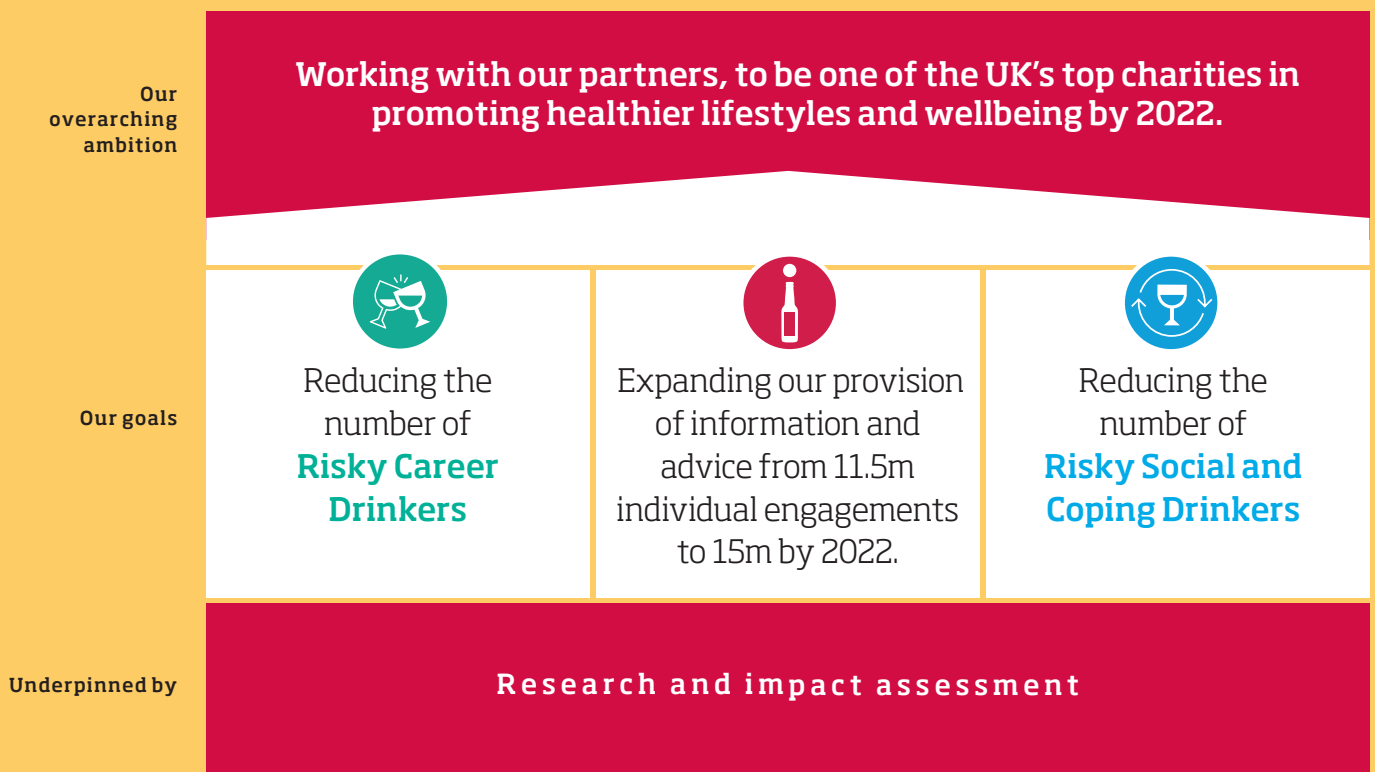


Our goal is to reduce the number of Risky Social and Coping Drinkers who currently make up 14% of the UK adult population. This will require us to extend Drinkaware's activities beyond the Drunken Night Out audience; and to evolve our campaigns and the Drinkaware Crew programme to reach this particular group of people.

Overarching ambition

For the period covered by this strategy, we have set an overarching ambition which is that, working with our partners, Drinkaware will be one of the UK's top charities in promoting healthier lifestyles and wellbeing.

We aim to achieve this, in partnership with others, by substantially increasing our information and advice so as to achieve 15m individual engagements by 2022; supporting 1m people in our two 'at risk' groups to develop personal strategies to reduce harm; and influencing half of them (half a million people), over the life of this strategy, to drink in less harmful ways.



Expanding our provision of alcohol information and advice

Goal

Our goal is to extend the reach of the Drinkaware website, social media, resources and online/app tools from 11.5m individual engagements (through websites, social media, use of Drinkaware products and other resources) in 2017 to 15m engagements by 2022; and to demonstrate the impact of providing trusted and accessible information and advice in facilitating behaviour change.



By 2022 Drinkaware aims to have:

- delivered personalised information and advice which is accessible and of use to people of all ages and education levels. Our information will be packaged and distributed to make it easy to understand, timely and contextually relevant;
- embedded our information not only on our own media but also on other health-information sites and with publishers, healthier lifestyle organisations, and wherever alcohol moderation is discussed as a contributing factor impacting health and wellbeing;
- established a growing community amongst the millions of people who have engaged with Drinkaware via the Drinkaware app, tools, face to face and on social media, allowing for more efficient and effective engagement with our audiences;
- established best in class, innovative tools for monitoring drinking and supporting behaviour change that will link to other health and wellbeing systems and initiatives. Our aim is for Drinkaware to be a leading provider of digital support and tools to those who wish to track their drinking to improve their health, mental health and well-being;
- continued to deliver an excellent user experience on the Drinkaware website and our other media (through better user journeys and more personalised information), and been able to integrate our digital systems with routine data capture; and
- worked ever more closely with other organisations providing information in the fields of health; mental and emotional wellbeing; community safety; and workplace productivity.

Reducing the number of Risky Career Drinkers

Goal

Our goal is to reduce the number of Risky Career Drinkers through personalised information and targeted social marketing interventions grounded in consumer insight. This will require us to develop a deeper understanding of all Risky Career Drinkers and extend our scope beyond the mid-life men target audience over time.



By 2022 Drinkaware aims to have:

- developed and shared our evidence about Risky Career Drinkers so that we better understand not only their attitudes to alcohol and their drinking behaviour, but also the interaction between alcohol use and their general health and wellbeing; and how alcohol moderation fits in the context of their other health – related behaviours and readiness to change;
- completed and published the results of our three-year Have a Little Less Campaign (2016 – 2018). We will, in 2019, publish our full campaign results to contribute to the evidence base of what works in terms of changing knowledge, attitudes and behaviour amongst older adult audiences;
- created new products and initiatives aimed at mid-life men and delivered these through strategic partners; and have a portfolio of digital and physical products, supported by robust and impartial evaluation and systematic data collection to allow greater analysis of what works. We will have established partnerships to support healthier lifestyles;
- expanded the reach and impact of Identification and Brief Advice (IBA) programmes, including through the launch of a digital IBA offer, dependent upon our 2017 pilot results;
- enhanced our information provision and media reach on key issues of interest to Risky Career Drinkers, including alcohol and long-term health conditions, and alcohol and mental health;
- provided support and information to third-party health providers ensuring that Drinkaware resources are available to anyone wishing to live a healthier lifestyle; and supported an increasing number of employers to promote alcohol moderation as part of wider workplace initiatives to support healthier lifestyles;
- developed the Drinkaware brand as a key asset which is widely seen as synonymous with alcohol moderation as part of a healthier lifestyle.

Reducing the number of Risky Social and Coping Drinkers

Goal

Our goal is to reduce the number of Risky Social and Coping Drinkers building upon learning from our 2015 – 2017 'Wouldn't Shouldn't' campaign. As part of this goal, we will be continuing to expand Drinkaware Crew to new cities and venues, and use our campaign investment to raise awareness of the importance of the relationship between mental health, emotional wellbeing and harmful drinking.

By 2022 Drinkaware aims to have:

- developed a better understanding of the alcohol-related social, health, and mental health harms experienced by this group. Importantly, this may involve explorations of how emotional wellbeing and mental health in adolescence may contribute to risky drinking behaviours in early adulthood; and the impact of alcohol on children living with alcohol-dependent parents;
- completed a full evaluation of the three-year Wouldn't Shouldn't Campaign (2015 – 2017) and decided, based on this evaluation, how to evolve or continue the campaign. We will, in 2018, publish our full campaign results to contribute to the evidence base of what works;
- enhanced our information and media reach in key subjects of interest to Risky Social and Coping Drinkers, with a focus (through partnership) on alcohol, mental health and emotional wellbeing;
- developed more effective digital information and advice to engage this audience with the emphasis on providing more personalised experiences through video, mobile, social media and real world (e.g. in venue), rather than traditional advertising campaigns;
- expanded Drinkaware Crew in partnership with relevant stakeholders and in line with the findings from ongoing evaluation, with a view to ensuring that Drinkaware Crew is self-financing and sustainable from 2018;
- educated more employees in the licensed and hospitality sectors about alcohol vulnerability, through the expansion of e-learning and training; and
- provided support and information to partners to help promote healthier lifestyles and positive mental health amongst the younger (under 34) adult audience.



Working in partnership

Our partnership strategy, introduced in 2015, has provided Drinkaware both with new audiences and a wider reach amongst organisations who are working to reduce alcohol related harm. Over the last two years, Drinkaware has developed some 20 strategic partnerships with police and other organisations working to reduce harm in the night time economy and entered into a partnership with the Ministry of Defence to promote healthier lifestyles within the armed forces.

Our partnership work has also begun to diversify Drinkaware's income to the point where 5% of our income is now from non-industry sources (up from less than 2% in 2015).

This strategy aims to provide a platform for Drinkaware to widen our reach and seek new opportunities to work with companies and many other organisations, and importantly with public health agencies. Our focus on healthier lifestyles and wellbeing means that Drinkaware will increasingly have resources designed for use in a range of settings such as sports, gyms, private health assessments or workplaces, and by occupational health advisors and public sector employers.

We aim to work more directly with organisations that the general public engage with and trust in order to amplify our campaigns, develop new programmes and reach our target audiences. This will also provide an opportunity to focus our capacity and resources on those areas which can provide wider, more sustainable reach for Drinkaware information and behaviour-change programmes.

By 2022 Drinkaware aims to have:

- deepened our existing partnerships;
- built new partnerships with third party health and wellbeing providers, and in particular with mental health agencies, based on shared goals and values;
- diversified Drinkaware income so that some 10% of our total income is from non-industry sources by 2022; and
- developed partnerships with a number of large employers to support employees to make better choices about their drinking.



Research and impact assessment

Drinkaware is already committed to robust research and to gathering impact data to underpin and guide our work; to developing good practice to ensure that our work is based on consumer insights; and to engaging experts to support this work. Our key campaigns in 2015 – 17 have been informed by our research (available as detailed reports) and we routinely produce ‘evidence packs’ in support of campaigns. We support the publication of findings from our independent evaluations in peer-reviewed journals whenever possible.

Drinkaware has also begun to articulate its impact in terms of Theory of Change models and monitoring data against key performance indicators. We have engaged expert academic teams to undertake evaluations of our activity, and are beginning to use process evaluation to inform our development of new interventions such as Drinkaware Crew and our resources that support Identification and Brief Advice. We respond to evaluations by making recommended improvements to enhance effectiveness, and are stopping activity where evaluation findings suggest that we may be having limited impact.

In 2017, we have begun to commission research to assess societal impact including cost-benefit analysis; this will be a key priority for our five year research strategy. We have also established survey tools for routine collection of website user, stakeholder and brand feedback to inform our work.

By 2022 Drinkaware aims to have:

- developed our reputation with the public and experts alike as the leading UK source of accessible, up-to-date alcohol-harm facts and evidence-based support tools. We will have commissioned or undertaken significant research and evaluation work and ensured it is routinely published in peer-reviewed journals;
- engaged actively with Theory of Change models and impact data to become more confident in using and applying evidence; and
- more effectively monitored and assessed the outcomes and impact of our activities, allowing us to direct our efforts towards those audiences and activities that provide the greatest return on investment.

Income generation

Principles

In 2015, the Drinkaware Board set out three underlying principles relating to its 2015 – 2020 funding: **certainty and durability**; **universality and quantum**.

Certainty and durability

We have made good progress against this principle, with most donors committing to funding Drinkaware for six years (in two three-year tranches, 2015 – 2017 and 2018 – 2020).

Universality

We have made excellent progress in expanding from 61 donors in 2014 to more than 100 in 2017 although some key gaps remain. Expanding donations from across the breadth of the UK alcohol industry, (including hospitality and sports) will continue to be a key target of our income generation strategy over the next five years.

Quantum

Increasing our total funding has proved challenging given the commercial pressures in the UK alcohol sector and we anticipate that this challenge will continue over the five year period of this strategy.

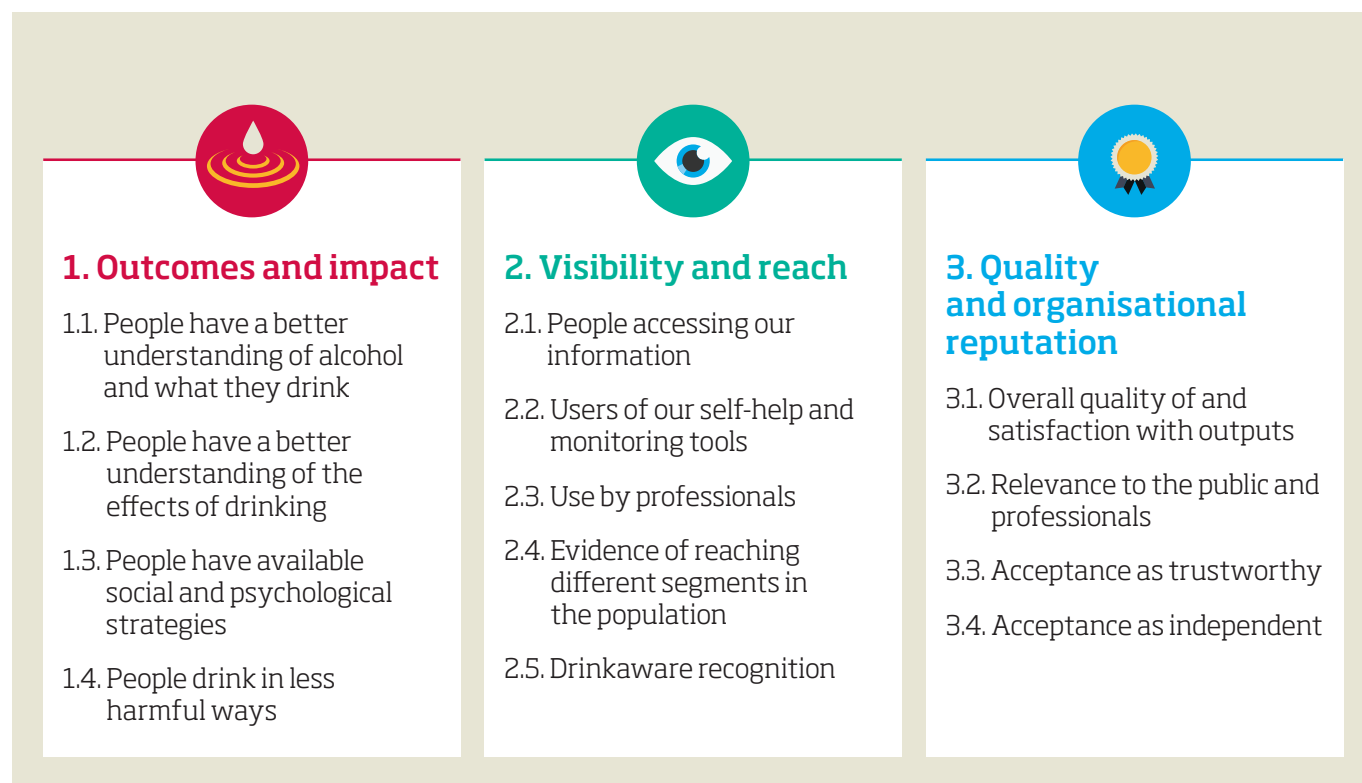
By 2022 Drinkaware aims to have:

- secured at least £5.5m of net income per annum to support our strategic ambitions;
- further diversified our income so that 10% of our income by 2020 will be from the development of Drinkaware Crew; Drinkaware for Employers and a focused portfolio of products and services;
- invested 10% of our expenditure each year in research and evaluation; and
- been awarded at least one independent research grant in support of evaluation.

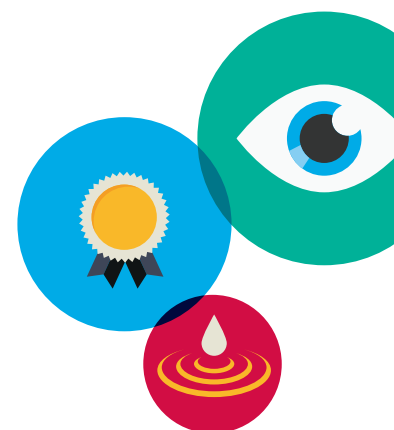
In the life of the strategy, we do not anticipate that Drinkaware will seek either public donations (other than as part of wider efforts to promote healthier lifestyles), or funding from Government.

Measuring performance

Drinkaware has a framework of 13 Key Performance Indicators against which we assess our outcomes and impact; visibility and reach; the quality of our outputs and our reputation.



Specifically, we have set a target that, over the life of this strategy, Drinkaware will support more than 1m people to develop personal strategies to avoid or reduce harm from alcohol; and influenced half a million people to drink in less harmful ways.



A. Our theory of change

The Drinkaware theory of change shows the key aspects of what we do, outlines the assumptions behind our reasoning for undertaking these activities and sets out the immediate and longer term outcomes and impact these lead to in order for Drinkaware to achieve its organisational objectives.

Resources

Unrestricted income provides the foundation for Drinkaware activity and some of the materials we produce are sold to cover the cost of their production. Staff expertise and time enables the organisation to undertake its work, and partnership working provides critical external expertise and ensures that we can deliver and implement our activities effectively. Partnerships also offer important opportunities to add value and extend our reach.

Activities

We undertake research and check the evidence to ensure that our activities and information are evidence-based, and through evaluation are able to improve and invest our resources where we have greatest impact. Drinkaware presents facts about alcohol and provides tools to assist the public in assessing their alcohol consumption. In addition, we provide tools and interventions to support people making better choices about their drinking; provide our logo for advertising and produce media and PR stories to raise awareness of Drinkaware resources and messages. We develop integrated campaigns which pull together our information, tools, interventions and communications for audiences where evidence suggests that we can have the biggest impact.

Outputs

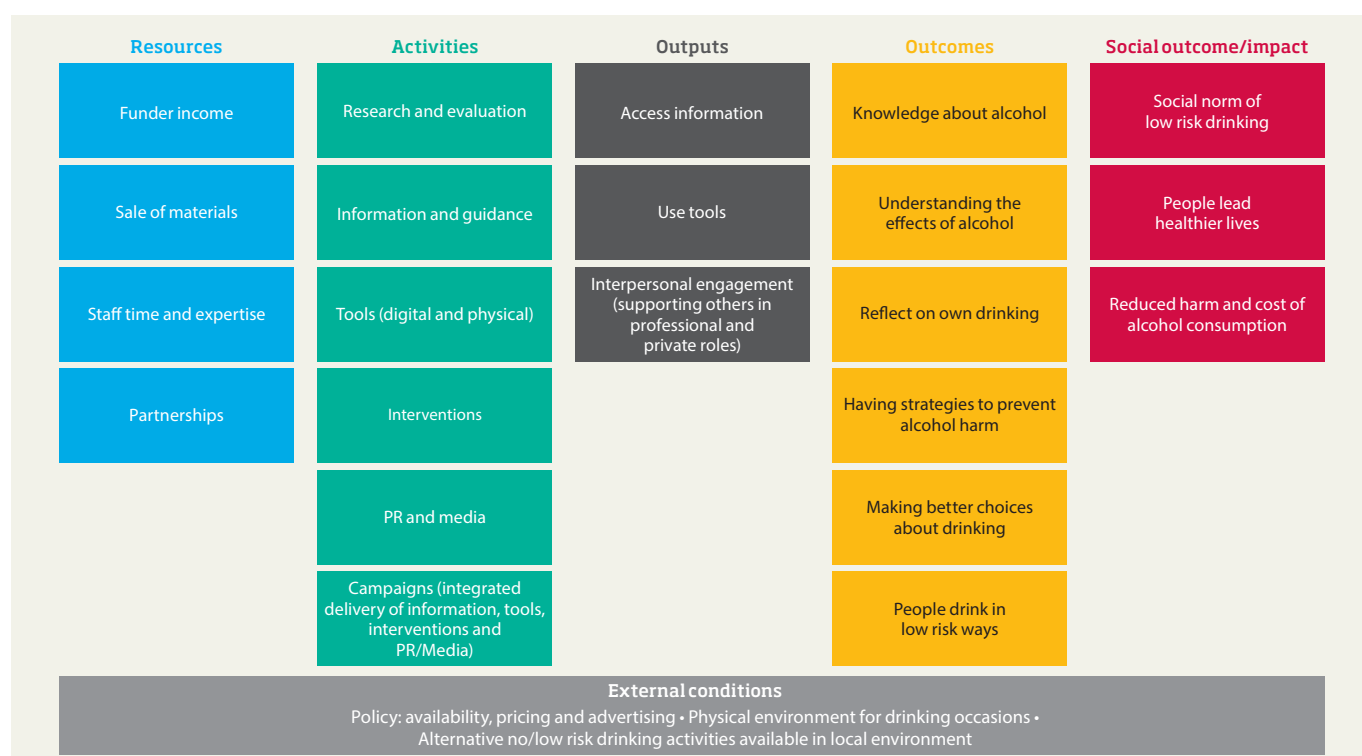
People use our information to make more informed and better choices about their drinking behaviours, and the information may also lead them to our tools and resources which may help people better understand what they are drinking and the effect alcohol has on them. The tools may be used directly by the public or their usage may be facilitated by another person or organisation in a professional or private role.

Outcomes

Obtaining knowledge about alcohol helps people better understand what it is they are drinking and the amount they drink, and understanding its effects is critical in assisting people to reflect on their drinking and make informed choices. Accessing advice and guidance helps people to develop strategies on what to do to prevent harm from alcohol. Our information and tools help people to consider a wide range of options and make a decision that works for them at that time given their specific individual circumstances. As a result, they are supported to drink in low risk ways.

Societal outcome and impact

We may change social norms through affecting individual choices, but can equally seek to change culture through influencing the wider societal debate. This can happen through social advertising or through stimulating media debates in support of alcohol harm reduction. Minimising alcohol-related harm through reducing risky drinking practices and encouraging a more moderate approach to alcohol consumption supports a wider effort to help people to lead healthier lives. As a result of individual and societal changes towards low risk drinking the harm and costs of alcohol consumption will reduce.

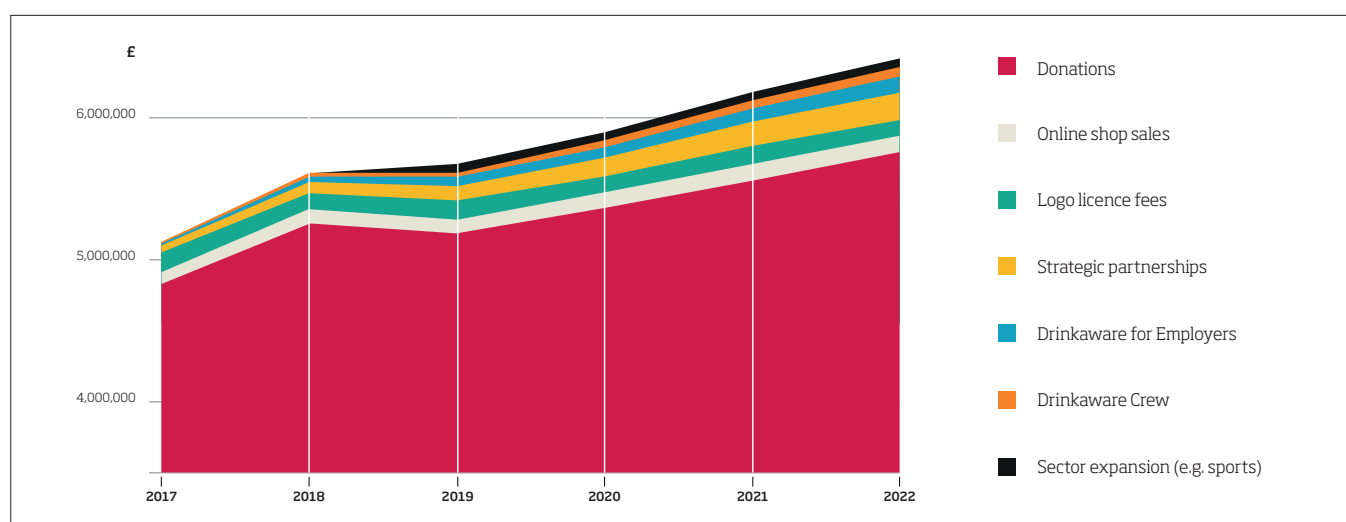


B. 2017 – 2022 income projections

Our 2017-2022 income projections reflect our aim to consolidate existing income from donations, logo licensing and online shop sales whilst continuing to attract additional income streams from strategic partnerships and initiatives. Whilst donation income is projected to increase over the life of this strategy, we have recognised the threats from the external environment through adopting a conservative contingency policy which we will continue to monitor. It is our intention to enhance the quality and sustainability of our

revenue model by diversifying into new income sources although it is recognised that these additional income streams are more likely to be restricted to specific purposes.

Revenue from non-industry sources (online shop sales and additional income) has been projected to reach £500,000 in aggregate by 2022 although we acknowledge this to be a stretching target. We do not anticipate any public fundraising activity or income over this period.



C. Our approach to target setting

1. Expanding our provision of information and advice from 11.5m individual engagements with Drinkaware in 2017 to 15m in 2022

We have considered 'engagements' as an overall annual figure across all segments of drinkers seeking to capture unique individuals, but recognise that it will not be possible to completely avoid some duplication across different media and channels.

In 2016 Drinkaware had more than 11.5m engagements (as unique visitors to the Drinkaware website, people recalling our advertising, or engaging with Drinkaware through social media, off-site content and with Drinkaware interventions and tools). We are targeting our total annual engagements over the five years to increase incrementally to reach 15m in 2022, with growth coming mainly or exclusively from higher levels of social media engagements, off-site content engagements and engagements with our interventions and tools delivered both by Drinkaware directly and by third parties. In line with overall trends, traditional website visits are anticipated to decline and, given that advertising investment is not expected to increase substantially over the strategy period, we do not anticipate that recall of Drinkaware advertising will change significantly.

2. Supporting risky drinkers to reduce the risk of alcohol harm

Over the next five years, we expect to reach approximately one-third, or 5.6m, of the 17m risky drinkers (Risky Career Drinkers and Risky Social and Coping Drinkers) in the UK. Informed by our evaluations, we anticipate that 1m of these drinkers will use Drinkaware's information and advice to develop better personal strategies to help reduce their risk of experiencing alcohol-related harm; and that half of them, half a million people, will go on to drink in less harmful ways.

We know that different approaches result in different conversion rates with regards to engaging risky drinkers and in successfully helping people to develop personal strategies or drink in less harmful ways. For example, a higher proportion of risky drinkers can be reached through targeted advertising campaigns or interventions, than can be reached through generic workplace alcohol information resources. On the other hand, advertising campaigns alone are expected to generate little by way of direct behaviour change, but are important in terms of directing people to information and advice, or to professional support, that can more directly support change.

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1. These differences are likely to depend on methodology issues to do with sampling, methods of obtaining the information and the exact phrasing of the question asked. The Drinkaware Monitor 2014 survey found that 11% said that they never drink (Ipsos MORI (2015), Drinkaware Monitor 2014: Adults' drinking behaviour and attitudes in the UK. London: Ipsos MORI and Drinkaware) whereas in 2015, 17% of adults aged 16 and over in England reported that they had not consumed alcohol in the last year or said that they are a non-drinker according to the Health Survey for England (NHS Digital (2016) Health Survey for England – 2015 Trend tables, Table 10. [Online] Available from <http://www.content.digital.nhs.uk/catalogue/PUB22616/HSE2015-Adult-trend-tbls.xlsx> [Accessed 14 December 2016]).
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